

Volunteer Application/Agreement

Volunteer Position Sought – Please circle all that apply:

Coach, Band, PTO Plus, Classroom

Other: _____



Whitehall-Coplay School District

2940 MacArthur Road

Whitehall, PA 18052

610-439-1431

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone Number _____

Email Address: _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

It is the policy of Whitehall-Coplay School District (WCSD) to provide our employees and students with a level of privacy and confidentiality with any information concerning any of our employees or students.

On a daily basis, a volunteer may have access to confidential information (oral, written or computer generated, not otherwise available to the public at large) about employees or students, their families and/or personal business.

All student records, including demographics, assessment information, and staff observations and/or comments are considered confidential documentation.

I agree that I will not discuss any confidential information in any public areas, hallways, gathering spaces, etc., either on or off school premises. I also agree as a volunteer and child mandated reporter that I will contact 1-800-932-0313 (Child Abuse Hotline) to report any concerns for child welfare and/or safety (overheard statements, visible marks, child statements, etc.) as required by law.

I HAVE READ THIS CONFIDENTIALITY AGREEMENT AND AGREE TO ITS TERMS AND MAY NOT BEGIN VOLUNTEERING UNTIL ALL REQUIRED CLEARANCES/DOCUMENTS HAVE BEEN SUBMITTED TO ADMINISTRATION.

(Date)

(Signature)

DO/LU 8-2020